



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT ANDERSON REGIONAL HOSPITAL

City of Hospital: Anderson

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$235593535
Outpatient Patient Service Revenue	\$452625528
Total Gross Patient Service Revenue	\$688219063

2. Deductions From Revenue

Contractual Allowance	\$476428982
Other Deductions	\$9161789
Total Deductions	\$485590771

3. Total Operating Revenue

Net Patient Service Revenue	\$194892200
Other Operating Revenue	\$7543746
Total Operating Revenue	\$202435946

4. Operating Expenses

Salaries and Wages	\$40388107	Employee Benefits	\$11431686
Depreciation and Amortization	\$5391754	Interest Expense	\$466888
Bad Debt	\$7736091	Other Expenses	\$116049138
Total Operating Expenses	\$181463664		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$28708372	Total Assets	\$92315430
Net Non-operating Gains over Loss	-\$6451	Total Liabilities	\$72932676

Total Net Gains	\$28701921
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$357828619	\$287213176	\$70615443
Medicaid	\$161968025	\$117058791	\$44909234
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$168422419	\$81318804	\$87103615
Total	\$688219063	\$485590771	\$202628292

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$163670	\$345918	\$-182248

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$95668	\$93665	\$2003

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$501805	\$-501805
Hospital Patients	\$0	\$8058	\$-8058
Community Education	\$0	\$216707	\$-216707

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	5864
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$12969958
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3023602	
HCI Payments	\$0		
Subtotal	\$0	\$3023602	\$-3023602
Medicaid Shortfalls	\$44316110	\$48293347	
Subtotal	\$44316110	\$51316949	\$-7000839
DSH Payments	\$3,561,098		
Subtotal	\$47877208	\$51316949	\$-3439741
Medicare Shortfalls	\$70283311	\$83418249	
Other Government Programs	\$0	\$0	
Total	\$118160519	\$134735198	\$-16574679

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$189504	\$-189504
Community Assessment	\$0	\$529561	\$-529561
Provision of Taxes	\$0	\$10534800	\$-10534800
Other Allocations	\$0	\$0	\$0

Comments

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